

Cardiac Evaluation Sheet

Surgery/Diagnosis:	Date of Surgery:
Assessment Date:	Start Time: _____ End Time: _____

History of Present Condition

Past Medical History/Co-morbidities

Vital Signs

HR	BP	SpO ₂	RR	T
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Medication: _____ Special Investigations: _____

Subjective: _____

Patient Starting Position: _____

Attachments (tick)

IV lines	A-line	Chest drains	Portovac drain	Temporary pacemaker	Urinary catheter	Other
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Median Sternotomy	Thoracotomy
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Signs of wound infection (tick): ☐ Yes ☐ No

Glasgow Coma Scale: /15 Muscle Strength: ULs /5 LLs /5

Posture: _____ ICU Mobility Scale (0-10): _____

Auscultation	
BS	AS
Cough	
Strong/Weak	Productive/Unproductive

Highest Functional Level:

Treatment Details						
IPPB	Spiro	DBE	PEEP	Manual CPT	Tx Exp Exs	Mobilisation-Details:
Other						
HR	BP	SpO ₂	RR	T		

Post ② Vitals



Patient Sticker

Cardiac Evaluation Sheet

Physio Name:
